MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

12519

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS FREDERICK MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. FREDERICK COUNTY FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ NEAR KNOXVILLE, MD.
STREET ADDRESS (If rural, give location) ROUTE 1

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	HOWARD	FRANKLIN	ALBRIGHT		11	23	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	MARRIED	SEPT. 19, 1916	36 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
DAIRY FARMER	FARMER	WEST VIRGINIA	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JACOB ALBRIGHT	HANNAH SOURS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		MRS. VIRGINIA SOURS ALBRIGHT RURAL BELLS MILLS BRUNSWICK MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) SHOCK secondary to 2°+3° CUTANEOUS BURNS over 100% of body surface	3 hrs.
9160 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	HOME	RT #1, KNOXVILLE	FREDERICK	MD.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
11	23	52	5:45 p.m.			THREW KEROSENE ON WOOD FIRE, WHICH FLARED & IGNITED CLOTHES

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Robert J. Durie, M.D.	8 W 3rd St., Frederick, Md.	11-23-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	11-25-52	LUTHERAN	JEFFERSON	MARYLAND

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
24 November 1952	Elizabeth L. Hark.	C. H. FEETE & BRO	BRUNSWICK, MARYLAND.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, with UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS. A15A

RECEIVED
NOV 25 1942
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

12520

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick-Rural RD#4
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Frederick

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mount Airy-Rural RD#2
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) ROGER (Middle) GILBERT (Last) ARNOLD
4. DATE OF DEATH: (Month) NOV. (Day) 15 (Year) 1952
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: MAR. 31, 1922
9. AGE last birthday: 30 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: owner
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Jack Arnold
14. MOTHER'S MAIDEN NAME: Mabel Mackman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W.II
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mrs. Nannie Arnold, R.D. Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

825.4

Immediate cause (a) BRAIN INJURY, PROBABLE LACERATION

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) FRACTURED JAW + MAXILLA

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY STREET
(CITY OR TOWN) FREDERICK (COUNTY) FREDERICK (STATE) MD
TIME OF INJURY (Month) (Day) (Year) (Hour) 11 - 15 - 52 2:00 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? AUTO ACCIDENT

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert J. Durie, M.D. 8 W 3 St., Frederick, Md. 11-15-52

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 11-18-1952
NAME OF CEMETERY OR CREMATORY Taylorsville
LOCATION (City, town, or county) (State) Carroll Co., Md.
DATE REC'D BY LOCAL REG. Nov 18 1952
REGISTRAR'S SIGNATURE Elizabeth S. Keck
24. FUNERAL DIRECTOR ADDRESS C. M. Waltz, Winfield' Md.

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BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12521

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 319 Adam Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 319 Adam Road

3. NAME OF DECEASED (Type or Print): (First) SARAH (Middle) CATHERINE (Last) BACHMAN
4. DATE OF DEATH: (Month) 11 (Day) 2 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify) Widow
8. DATE OF BIRTH: 26 April 1870
9. AGE last birthday: 82 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James Lambert
14. MOTHER'S MAIDEN NAME: Julia Fellinger
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Carl E. Rentzell, ~~319 Adam Road,~~ Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	3 days
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Ch. Cardio Renal Vascular Disease	10 yrs
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-2, 1952, to 11-1, 1952, that I last saw the deceased alive on 11-1, 1952, and that death occurred at 1:20 A m., from the causes and on the date stated above.

SIGNATURE: M. G. Bourne Jr. (Degree or title) M. D. ADDRESS: Frederick, Maryland DATE SIGNED: 3 Nov 1952

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify): Burial
DATE THEREOF: 5 Nov 1952
NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery
LOCATION (City, town, or county) (State): Silver Run, Maryland
DATE REC'D BY LOCAL REG.: 4 November 1952
REGISTRAR'S SIGNATURE: Elizabeth G. Heck
24. FUNERAL DIRECTOR: M. R. Etchison & Son, Frederick, Maryland ADDRESS

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12522

CERTIFICATE OF DEATH

Reg. Dist. No. 13 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Frederick — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Middletown

LENGTH OF STAY (in this place): 25 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Frederick

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Middletown

STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) Lewis (Last) Baker

4. DATE OF DEATH: (Month) 11 (Day) 12 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	10/2/1875	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
farm owner	farm	Maryland	U.S.

13. FATHER'S NAME: Christopher Baker

14. MOTHER'S MAIDEN NAME: Susan Devilbiss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	Mrs. Wilhelmina Baker, Middletown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary Occlusion — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: Nov 2 52

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) — DUE TO

(c) Arterio Sclerosis - Hypertension

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 2, 1952, to Nov 12, 1952; that I last saw the deceased alive on Nov 12, 1952, and that death occurred at 6:40 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) E Harp MD — ADDRESS Middletown — DATE SIGNED 11-13-52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	11/15/1952	Lutheran Cemetery	Middletown Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 15-52	Marie Gladhill	Gladhill Co.,	Middletown, Md.

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12523

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodsboro — LENGTH OF STAY (in this place): Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rural

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodsboro
STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print) (First) MERTIE (Middle) ARDINE (Last) BEARD

4. DATE OF DEATH (Month) Nov. (Day) 22 (Year) 1952

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 10/23/1888
9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Milton Smith
14. MOTHER'S MAIDEN NAME: Louise Foreman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: Verna Beard, Woodsboro, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

331x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(260x) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1952 to Nov 22 1952 that I last saw the deceased alive on ....., 19....., and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE: J. H. Nissen — (Degree or title) M. D. — ADDRESS: Union Bridge — DATE SIGNED: Nov. 23, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 11/25/52 — NAME OF CEMETERY OR CREMATORY: Rocky Hill Cem. — LOCATION (City, town, or county): Woodsboro R.D. — (State) Md.

DATE REC'D BY LOCAL REG.: Nov. 25 1952 — REGISTRAR'S SIGNATURE: L. E. Powell — 24. FUNERAL DIRECTOR: Powell & Hartzler — ADDRESS: Woodsboro & Liberty town, Md

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NOV 28 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 22 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Mount Airy-Rural RD#2
STREET ADDRESS (If rural, give location) Near Mount Airy

3. NAME OF DECEASED (Type or Print) (First) FANNIE (Middle) ESTELLA (Last) BENDER
4. DATE OF DEATH (Month) NOV. (Day) 15 (Year) 1952
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify) WIDOW
8. DATE OF BIRTH 12 May 1898
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-work
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Enos Mayne
14. MOTHER'S MAIDEN NAME Daisy Shankle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 219-14-9429
17. INFORMANT AND ADDRESS Edward L. Bender, RD#5, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral laceration - Skull fracture	22 hrs.
811.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Multiple long bone fractures	
	(c) Traumatic Shock	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway (CITY OR TOWN) Frederick (COUNTY) (Fred.) (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 11-15-52 1 55 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Head-on auto-truck collision

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert J. Turie, M.D., 8 Wad St., Frederick, Md. 11-15-52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial
DATE THEREOF 19 Nov 1952
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland
DATE REC'D BY LOCAL REG. 18 November 1952
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY FREDERICK — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NEAR FREDERICK
LENGTH OF STAY (in this place) 1 YR.
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTEVUE HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NEAR FREDERICK
STREET ADDRESS (If rural, give location) MONTEVUE HOME

3. NAME OF DECEASED (Type or Print): (First) CATHERINE (Middle) VIRGINIA (Last) BLESSING

4. DATE OF DEATH: (Month) NOV. (Day) 28 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW

8. DATE OF BIRTH: JAN. 7, 1881

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: THOMAS LOY

14. MOTHER'S MAIDEN NAME: ELIZABETH UMBAUGH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT AND ADDRESS: MRS. KING, MONTEVUE HOME, FREDERICK, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	MYOCARDIAL INFARCTION	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	CORONARY ARTERY SCLEROSIS	YEARS
(c)	DIABETES MELLITUS	20 YEARS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY NONE (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) NONE m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? NONE

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert J. Davis, M.D. 8 W 3d St., Frederick, Md. 11-25-52

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 1 DEC-1952
NAME OF CEMETERY OR CREMATORY FAITH CHAPEL CEMETERY
LOCATION (City, town, or county) (State) LUCKETTS, VIRGINIA

DATE REC'D BY LOCAL REG. 29 November 1952
REGISTRAR'S SIGNATURE Elizabeth L. Heck.
24. FUNERAL DIRECTOR AND ADDRESS M. R. ETCHISON AND SON, FREDERICK, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR Frederick
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 136 East Fifth Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR Frederick
STREET ADDRESS (If rural, give location) 514 North Market Street

3. NAME OF DECEASED (Type or Print) (First) NICIE (Middle) V. (Last) BRANDENBURG

4. DATE OF DEATH (Month) November (Day) 25 (Year) 1952

5. SEX Female

6. COLOR OR RACE White

7. ~~SINGLE, MARRIED~~ WIDOWED, ~~DIVORCED~~ (Specify) Widowed

8. DATE OF BIRTH April 9, 1884

9. AGE last birthday 68 yrs. If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical Nurse

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Lee

14. MOTHER'S MAIDEN NAME Susan Ball

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 215-26-1902

17. INFORMANT AND ADDRESS Mrs. Linwood Price, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic cardiovascular disease with Congestive failure — more than 1 yr.

4221 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —

(CITY OR TOWN) Frederick (COUNTY) Frederick (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Sept., 19 52, to Nov 25, 19 52, that I last saw the deceased alive on Nov 23, 19 52 and that death occurred at 4:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robt. E. Martin M.D. 35 E. Church St, Frederick, Md 11-25-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 11-28-52

NAME OF CEMETERY OR CREMATORY Kemptown Methodist Cemetery

LOCATION (City, town, or county) Kemptown, Maryland (State)

DATE REC'D BY LOCAL REG. 28 November 1952

REGISTRAR'S SIGNATURE Elizabeth L. Heck.

24. FUNERAL DIRECTOR ADDRESS C. E. Cline & Son, Frederick, Maryland

DEC 1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 9-2-52 11-15-52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Poplar Springs
STREET ADDRESS (If rural give location) R.F.D. Mt. Airy

3. NAME OF DECEASED: (Type or Print) (First) Dottie (Middle) B. (Last) Burdette

4. DATE OF DEATH: (Month) Nov. (Day) 15 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify): Widowed

8. DATE OF BIRTH: Aug. 8, 1881

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country) Purdum, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Brown

14. MOTHER'S MAIDEN NAME: Frances Burdette

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: -- --

17. INFORMANT & ADDRESS: Mrs Elbert Welsh, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

15 1/X

Immediate cause (a) Generalized carcinomatosis — Interval Between Onset And Death: approx. 1 yr.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Metastasis from gastric carcinoma — approx. 1 1/2 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 16, 1952, to Nov. 15, 1952, that I last saw the deceased alive on Nov. 15, 1952, and that death occurred at 11:20 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) E. A. Matthews, M.D. ADDRESS 1 E. Church St. DATE SIGNED Nov. 16/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Nov. 17-52 NAME OF CEMETERY OR CREMATORY Montgomery LOCATION (City, town, or county) (State) Clagettsville, Montg Md.

DATE REC'D BY LOCAL REGISTRAR 17 November 1952 REGISTRAR'S SIGNATURE Elizabeth S. Heck

24. FUNERAL DIRECTOR ADDRESS Olin L. Molesworth, Damascus, Md.

VS. A15

NOV 19 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 138

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 415

1. PLACE OF DEATH: COUNTY Frederick; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Market; LENGTH OF STAY (in this place) 6 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Route No. 40

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattstown
STREET ADDRESS (If rural, give location) Hyattstown

3. NAME OF DECEASED (Type or Print): (First) Carrye (Middle) Mae (Last) Burgee
4. DATE OF DEATH: (Month) Nov (Day) 8 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Sept. 15, 1891
9. AGE last birthday: 61 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Luther G. Burdette
14. MOTHER'S MAIDEN NAME: Ellen Gutsail
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Luther Burgee, New Market, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — Interval Between Onset and Death: 7 years

420.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

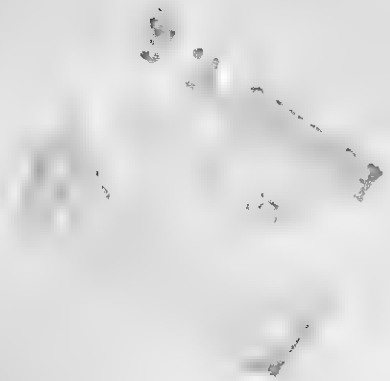
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 29, 1952, to Nov. 8, 1952, that I last saw the deceased alive on Nov. 6, 1952, and that death occurred at 12 30 A.m., from the causes and on the date stated above.

SIGNATURE: W. B. Culwell | (Degree or title): M.D. | ADDRESS: Mt. Airy, Md. | DATE SIGNED: Nov 8, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 11-8-1952 | NAME OF CEMETERY OR CREMATORY: Hyattstown | LOCATION (City, town, or county) (State): Hyattstown Md

DATE REC'D BY LOCAL REG.: 11-8-1962 | REGISTRAR'S SIGNATURE: Lucian K. Fahrney | 24. FUNERAL DIRECTOR: W. L. Braddock | ADDRESS: Hyattstown Md



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jefferson — LENGTH OF STAY (in this place) years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jefferson,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jefferson
STREET ADDRESS (If rural, give location) Jefferson

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) ENOS (Last) CORUN

4. DATE OF DEATH: (Month) NOVEMBER (Day) 22, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: October 6, 1870

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired well driller

10b. KIND OF BUSINESS OR INDUSTRY: Owned

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Albert Franklin Corun

14. MOTHER'S MAIDEN NAME: Jennie Reach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. William F. Corun, Jefferson, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of the prostate with hemorrhage — more than 6 mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

1778

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION: Carcinoma of prostate — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN): Frederick — (COUNTY): Frederick — (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to Nov. 22, 1952, that I last saw the deceased alive on Nov. 22, 1952, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Ray R. Martin, M.D. — ADDRESS: Frederick, Maryland — DATE SIGNED: 11/23/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11/25/52 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery — LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 24 November 1952 — REGISTRAR'S SIGNATURE: Elizabeth S. Hack

24. FUNERAL DIRECTOR — ADDRESS: M. R. Etchison & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH
COUNTY: Frederick — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
LENGTH OF STAY (In this place): Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 10 East Second Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
STREET ADDRESS (If rural, give location): 10 East Second Street

3. NAME OF DECEASED (Type or Print): (First) RUTH (Middle) ODELLE (Last) CULLER

4. DATE OF DEATH: (Month) November (Day) 3, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 27, 1888

9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel Milton Culler

14. MOTHER'S MAIDEN NAME: Catherine Horine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Sgt. Philip H. Culler 10 East Second Street Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset and Death: days

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Essential hypertension — years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1952, to 11/3, 1952, that I last saw the deceased alive on 11/2, 1952, and that death occurred at 11:45 A m., from the causes and on the date stated above.

SIGNATURE: Frank B. Thomas — (Degree or title) M.D. — ADDRESS: Frederick, Maryland — DATE SIGNED: 11/4/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov. 6, 1952 — NAME OF CEMETERY OR CREMATORY: St. Luke's Cemetery — LOCATION (City, town, or county) (State): Feagaville, Maryland

DATE REC'D BY LOCAL REG.: 4 November 1952 — REGISTRAR'S SIGNATURE: Elizabeth G. Hecht

24. FUNERAL DIRECTOR: M.R. Etchison & SOn — ADDRESS: Frederick, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 408 West 2nd Street

3. NAME OF DECEASED (Type or Print) (First) RICHARD (Middle) LINDSAY (Last) DAY
4. DATE OF DEATH (Month) NOVEMBER (Day) 23 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Married
8. DATE OF BIRTH June 25, 1885
9. AGE last birthday 67 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Filling Station owner
10b. KIND OF BUSINESS OR INDUSTRY own
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Richard R. Day
14. MOTHER'S MAIDEN NAME Flora May Thomas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. R. Lindsay Day, 408 West 2nd Street, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Subacute bacterial endocarditis	2+ mos.
Antecedent cause(s)	(b) (Probably rheumatic) aortic valvular damage	?
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) myocardial weakness c̄ decompensation	10 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes XX No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1952, to 23 Nov, 1952, that I last saw the deceased alive on 23 Nov, 1952, and that death occurred at 1:20 P m., from the causes and on the date stated above.

SIGNATURE Charles H Conley Jr (Degree or title) M.D. ADDRESS Frederick, Maryland DATE SIGNED 11/24/52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial
DATE 26, 1952 November
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REG. 25 November 1952
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A/5

RECEIVED
NOV 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. M5

1. PLACE OF DEATH
COUNTY: Frederick — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
LENGTH OF STAY (in this place): 36 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 12 E Second St

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
STREET ADDRESS (If rural, give location): 12 E Second St

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Claude (Last) Dorsey

4. DATE OF DEATH: (Month) Nov. (Day) 9 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married

8. DATE OF BIRTH: 8-7-1900

9. AGE last birthday: 52 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retail Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Ice Cream

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Albert Dorsey

14. MOTHER'S MAIDEN NAME: Nettie Klees

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 220-16-0879

17. INFORMANT AND ADDRESS: Mrs. J. Claude Dorsey-Frederick-Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypernephroma right kidney	8 Months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

180X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 6, 1952 to Nov 9, 1952, that I last saw the deceased alive on Nov 8, 1952, and that death occurred at 12:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

J. R. Schoolman M.D. 228 N. Market St Frederick 11/9/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 11-11-1952

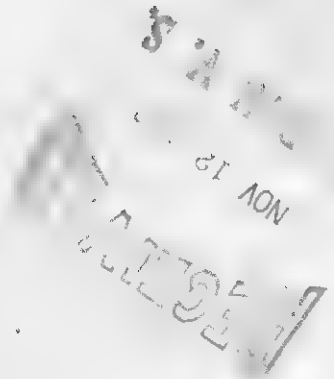
NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery

LOCATION (City, town, or county) (State): Frederick- Md.

DATE REC'D BY LOCAL REG.: 10 Nov 1952

REGISTRAR'S SIGNATURE: Elizabeth L. Hoke

24. FUNERAL DIRECTOR — ADDRESS: C.E. Cline and Son- Frederick-Md.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Myersville
LENGTH OF STAY (in this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Myersville
STREET ADDRESS (If rural, give location) Middletown R.D. #1

3. NAME OF DECEASED: (Type or Print) (First) ROSCOE (Middle) KEPLER (Last) Doub
4. DATE OF DEATH: (Month) Nov (Day) 17 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr 24 1895
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Gen. Farming
11. BIRTHPLACE (State or foreign country): NW Myersville - Fred Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lemuel Doub
14. MOTHER'S MAIDEN NAME: Annie Kepler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mary E. Doub - Middletown Md Rt 1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

4 x 1

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Suddenly

DUE TO

Antecedent cause(s) (b) (Cerebral Hemorrhage May 1952 Congestive heart failure since early 1952)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (c) Hypertension Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1952, to Nov 17, 1952, that I last saw the deceased alive on Nov 12, 1952 and that death occurred at 1:15 P.m., from the causes and on the date stated above.

SIGNATURE J. E. Harp (DEGREE OR TITLE) Md ADDRESS Middletown DATE SIGNED 11-18-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Nov 19, 1952
NAME OF CEMETERY OR CREMATORY St Pauls Lutheran
LOCATION (City, town, or county) (State) Myersville - Fred - Md

DATE REC'D BY LOCAL REG. Nov 19-52
REGISTRAR'S SIGNATURE Marie Gladhill
24. FUNERAL DIRECTOR Paul F. Bittle, Myersville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

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BUREAU V.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12531

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick | LENGTH OF STAY (in this place) 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9 West Potomac

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
STREET ADDRESS (If rural, give location) 9 West Potomac St

3. NAME OF DECEASED (Type or Print): (First) Bessie (Middle) M. Himes (Last) Everhart

4. DATE OF DEATH: (Month) 11 (Day) 27 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	4-14-1878	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Maryland.	

13. FATHER'S NAME: Robert Himes
14. MOTHER'S MAIDEN NAME: Alma Edrington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	—	Mrs Elizabeth Melander Brunswick Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma - uterus — Interval Between Onset and Death: 2 yrs.

1741 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11-24-, 1952, to 11-27-, 1952, that I last saw the deceased alive on 11-26-, 1952, and that death occurred at 1:30 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) MD ADDRESS Brunswick Md. DATE SIGNED 11-27-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-29-52	Reformed	Rowsville Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-27-52	Kathryn N. Brown	C. H. Gute & Bro	Brunswick Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly

1. PLACE OF DEATH
COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
LENGTH OF STAY (in this place): 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
STREET ADDRESS (If rural, give location): 809 Motter Avenue

3. NAME OF DECEASED (Type or Print): (First) IRA (Middle) JOHN (Last) EYLER
4. DATE OF DEATH: (Month) November (Day) 20, (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify): Widower
8. DATE OF BIRTH: Oct. 13, 1884
9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self Employed
10b. KIND OF BUSINESS OR INDUSTRY: Carpenter
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John W.T. Eyler
14. MOTHER'S MAIDEN NAME: Hannah Derr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 213-16-1964
17. INFORMANT AND ADDRESS: Miss Mildred V. Eyler, 809 Motter Avenue, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Old Myocardial Infarction	1 yr
	(c)	

420.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes (X) No ( )

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ( ) Not While At work ( )
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1951, to Nov. 20, 1952, that I last saw the deceased alive on Nov 20, 1952, and that death occurred at 9:30 A.m., from the causes and on the date stated above.

SIGNATURE: Thomas E Stone — (Degree or title): M.D. — ADDRESS: Frederick, Maryland — DATE SIGNED: 11/21/52

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~, (Specify): Burial
DATE THEREOF: Nov. 24, 1952
NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery
LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 25 November 1952
REGISTRAR'S SIGNATURE: Elizabeth L. Heck
24. FUNERAL DIRECTOR ADDRESS: M.R. Etchison & Son, Frederick, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Frederick; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick Rural # 4; LENGTH OF STAY (in this place) 22 Hours; HOSPITAL OR INSTITUTION OR STREET ADDRESS Ballenger Creek, Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick Rural # 2; STREET ADDRESS (If rural, give location) New Design Road

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) (Last) FLETCHER, JR.

4. DATE OF DEATH: (Month) Nov. (Day) 21, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 14, 1923

9. AGE last birthday: 29 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Fletcher Sr.

14. MOTHER'S MAIDEN NAME: Mary Bowens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. ? ? ?

17. INFORMANT AND ADDRESS: Mrs. Mary H. Fletcher Jr., #2, Frederick, R.F.D. Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Drowning — Interval Between Onset and Death:

E 73.4

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) Highway

(CITY OR TOWN) near Frederick, (COUNTY) Frederick, (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 11-21-52 11 a.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Accidentally drove into pond into water.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Robert J. Furie (Degree or title) M.D. ADDRESS 8 W 3d St. Frederick, Md. DATE SIGNED 11-

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 11/26/1952; NAME OF CEMETERY OR CREMATORY Methodist Cemetery; LOCATION (City, town, or county) Petersville, (State) Maryland

DATE REC'D BY LOCAL REG. 24 November 1952; REGISTRAR'S SIGNATURE Elizabeth L. Heck

24. FUNERAL DIRECTOR M.R. Etchison & Son, ADDRESS Frederick, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
   ~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick Rural #3
   LENGTH OF STAY (In this place): 5 Years
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Near Yellow Springs

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Frederick
   ~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick Rural #3
   STREET ADDRESS (If rural, give location): Near Yellow Springs

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) Delaughter (Last) Ford

4. DATE OF DEATH: (Month) November (Day) 18, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: Oct.10,1895

9. AGE last birthday: 57 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Elias D. Delaughter

14. MOTHER'S MAIDEN NAME: Helen A. Boyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Raymond I. Ford Sr. Frederick, R.F.D.#3, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Haemorrhage — 1 day

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension

(c) Arteriosclerosis

331X

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

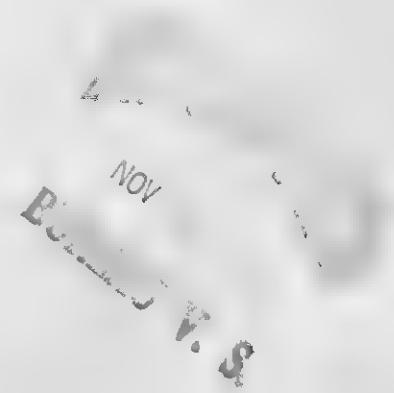
22. I hereby certify that I attended the deceased from Nov. 18, 1952, to Nov. 18, 1952, that I last saw the deceased alive on Nov. 18, 1952, and that death occurred at 3:30 P. m., from the causes and on the date stated above.

SIGNATURE: A. A. Pearre — (Degree or title) M.D. — ADDRESS: Frederick, Maryland — DATE SIGNED: 11/19/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Nov.21.1952 — NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery — LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 20 November 1952 — REGISTRAR'S SIGNATURE: Elizabeth L. Heck.

24. FUNERAL DIRECTOR — ADDRESS: M.R. Etchison & Son, Frederick, Maryland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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick — LENGTH OF STAY (in this place) 24 Hours	~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Mount Airy-Rural RD#3
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital	STREET ADDRESS (If rural, give location) Near Mount Airy

3. NAME OF DECEASED (Type or Print) (First) FRANCES (Middle) Ellen (Last) Engle FRITZ				4. DATE OF DEATH (Month) 11 (Day) 16 (Year) 1952	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify) MARRIED	8. DATE OF BIRTH 20 Jan 1935	9. AGE last birthday 17 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Sewing Factory	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Charles C. Engle		14. MOTHER'S MAIDEN NAME Gladys Steele			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY No. 218-30-5983	17. INFORMANT AND ADDRESS Charles C. Engle, RD#3, Mt. Airy, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
816.4 Immediate cause	(a) Fractured skull - Cerebral operation	24 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Ruptured Kidney	
	(c) Traumatic shock	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway	(CITY OR TOWN) Frederick	(COUNTY) (Fred.)	(STATE) Md.
TIME OF INJURY (Month) 11 (Day) 16 (Year) 52 (Hour) 1 50 a.m.	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR? Head-on collision between car & truck.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert J. Jurie	M.D.,	8 Wad St., Frederick, Md.	11-16-52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial	DATE THEREOF 19 Nov 1952	NAME OF CEMETERY OR CREMATORY Locust Grove Cemetery	LOCATION (City, town, or county) (State) Frederick County Maryland
DATE REC'D BY LOCAL REG. 17 November 1952	REGISTRAR'S SIGNATURE Elizabeth G. Heck	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Frederick — STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pt. of Rocks. — LENGTH OF STAY (in this place): Years
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pt. of Rocks

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Frederick
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pt. of Rocks
   STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) DAVID (Middle) LUTHER (Last) FRYE

4. DATE OF DEATH: (Month) November (Day) 7, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 12,1878

9. AGE last birthday: 74 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retir-Carpenter's Forman

10b. KIND OF BUSINESS OR INDUSTRY: Rail Road

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John W. Frye

14. MOTHER'S MAIDEN NAME: Susan Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): no

16. SOCIAL SECURITY No.: 705-07-1610

17. INFORMANT AND ADDRESS: Mrs. David L. Frye, Pt. of Rocks, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0

Immediate cause (a) Arteriosclerotic Heart disease and coronary insufficiency. — Four years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.): —

(CITY OR TOWN): Point of Rocks (COUNTY): Frederick (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 7, 1952 to Nov 7, 1952, that I last saw the deceased alive on Nov 7, 19..., and that death occurred at 2:00 P.m., from the causes and on the date stated above.

SIGNATURE: Ruth L Martin — (Degree or title): M.D. — ADDRESS: Frederick, Maryland — DATE SIGNED: 11/8/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Nov. 11, 1952 — NAME OF CEMETERY OR CREMATORY: St. Paul's Cemetery — LOCATION (City, town, or county) (State): Point of Rocks, Maryland

DATE REC'D BY LOCAL REG.: 10 November 1952 — REGISTRAR'S SIGNATURE: Elizabeth G. Hoch — 24. FUNERAL DIRECTOR: M.R. Etchison & Son, — ADDRESS: Frederick, Maryland

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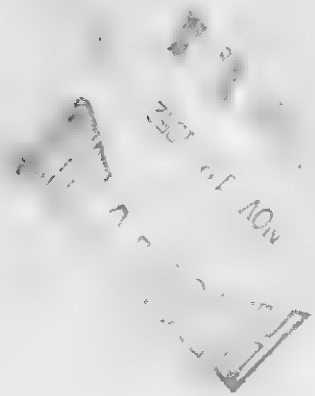


MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12540

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town): Rural - Frederick
LENGTH OF STAY (in this place): About 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Montevue - County Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town): Rural - Frederick
STREET ADDRESS (If rural, give location): Montevue - County Home

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) MAYON (Last) GILL
4. DATE OF DEATH: (Month) November (Day) 13 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED,~~ (Specify): Single
8. DATE OF BIRTH: ? 1876
9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Rev. Andrew J. Gill
14. MOTHER'S MAIDEN NAME: Kate Luman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Bertha Heinlein, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	5 days.
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	10 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1952, to Nov, 1952, that I last saw the deceased alive on Nov 8, 1952, and that death occurred at 8:45 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: Frederick Md. DATE SIGNED: Nov 13

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial
DATE THEREOF: Nov. 15, 1952
NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery
LOCATION (City, town, or county) (State): Frederick, Maryland
DATE REC'D BY LOCAL REG.: 13 November 1952
REGISTRAR'S SIGNATURE: Elizabeth G. Heck
24. FUNERAL DIRECTOR — ADDRESS: C. E. Cline & Son, Frederick, Maryland

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Item 18 Film G148 11-20-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: FREDERICK MEMORIAL HOSP.
COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS FREDERICK MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY FRED.
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK
STREET ADDRESS (If rural give location) #1 RIECHFORD RD.

3. NAME OF DECEASED: (Type or Print) (First) ALTON (Middle) Parker (Last) GOVER

4. DATE OF DEATH: (Month) Nov. (Day) 3 (Year) 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify): Widowed
8. DATE OF BIRTH: 10/4/04
9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner
11. BIRTHPLACE (State or foreign country): KENTUCKY
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES M. GOVER
14. MOTHER'S MAIDEN NAME: NANCY LEASE

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Francis Cook Darien, Conn.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

022X

Immediate cause (a) INTRACRANIAL CEREBRAL HEMORRHAGE — Interval Between Onset And Death: 5 HRS

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) ANTECEDENT INTRACRANIAL HEMORRHAGE — 4 DAYS

DUE TO Aneurysm in Circle of Willis

(c) ~~PROBABLE BRAIN TUMOR~~ — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. C N S syphilis.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 30, 1952, to Nov. 3, 1952, that I last saw the deceased alive on Nov. 3, 1952, and that death occurred at 11 40 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Ernest A. Dettbarn, M.D.
ADDRESS 1 E. Church St.
DATE SIGNED Nov. 4, 1952

23. ~~BURIAL, CREMATION,~~ REMOVAL (Specify) Removal
DATE THEREOF Nov. 5. 1952
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Sanford, Kentucky

DATE REC'D BY LOCAL REGISTRAR 5-NOV-1952
REGISTRAR'S SIGNATURE Elizabeth G. Heck.
24. FUNERAL DIRECTOR M.R. Etchison & Son, ADDRESS Frederick, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: COUNTY Frederick; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN State Sanatorium; LENGTH OF STAY (in this place) Since 4/19/36
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2112 E. Madison St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Anna		Grogan	Nov.	15	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	9/12/1922	30 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student		Baltimore, Md.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward Grogan	Mary Klug

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	16½ Yrs.
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

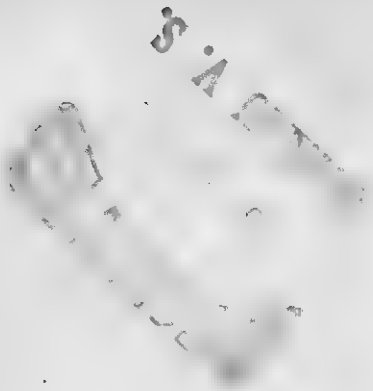
TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4/19, 19.36., to 11/15, 19.52, that I last saw the deceased alive on 11/15, 19.52, and that death occurred at 8. P.m., from the causes and on the date stated above.

SIGNATURE J. B. Lynn M.D. (Degree or Title) ADDRESS State Sanatorium, Md. DATE SIGNED 11/17/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/19/52	HOLY REDEEMER CEM.	BALTIMORE MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/17/52	J. B. Lynn	C.F. HOFFMAN,	1639 Broadway Balto Md.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 132

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS—15 8-51

1. PLACE OF DEATH:
COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Rural Middletown
LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Middletown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Macie (Last) Guyton

4. DATE OF DEATH: (Month) 11 (Day) 20 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: 9/11/1878

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George H. Bowlus

14. MOTHER'S MAIDEN NAME: Amanda Sigler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. Thomas Arnold, Middletown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Cerebral Hemorrhage (K1346)

DUE TO

(c) Arteriosclerosis - Diabetes

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

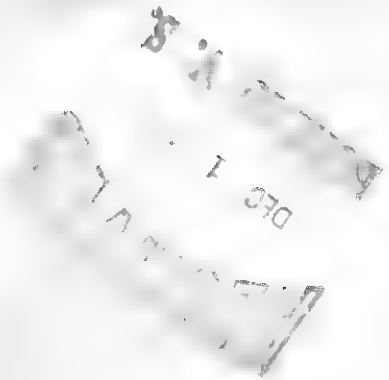
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 13, 1952, to Nov 20, 1952, that I last saw the deceased alive on Nov 20, 1952, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE J E Harp (DEGREE OR TITLE) Md ADDRESS Middletown DATE SIGNED 11-21-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 11/23/1952 — NAME OF CEMETERY OR CREMATORY Pleasant View Cy Mem — LOCATION (City, town, or county) (State) Burkittsville Md.

DATE REC'D BY LOCAL REG. Nov 23 1952 — REGISTRAR'S SIGNATURE Mary Gladhill — **24. FUNERAL DIRECTOR** Gladhill Co. — ADDRESS Middletown Md.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~BORO~~: Frederick
LENGTH OF STAY (in this place): 4 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Mem. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Frederick
CITY OR ~~COUNTY~~ (If outside corporate limits, write RURAL and give nearest town): Rural-- Thurmont
STREET ADDRESS (If rural give location): R.D. # 1

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) S. (Last) HAHN

4. DATE OF DEATH: (Month) Nov. (Day) 30, (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): divorced

8. DATE OF BIRTH: Jan. 11, 1875

9. AGE last birthday: 77 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: farm laborer

10b. KIND OF BUSINESS OR INDUSTRY: farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Hahn

14. MOTHER'S MAIDEN NAME: Ida Stitely

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Harry E. Hahn, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

+43X

Immediate cause — (a) Cerebral vascular accident

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Hypertensive arteriosclerotic cardiovascular disease

DUE TO

(c)

Interval Between Onset And Death: 4 weeks several years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1952, to Nov. 30, 1952, that I last saw the deceased alive on Nov. 29, 1952, and that death occurred at 9:00 AM, from the causes and on the date stated above.

SIGNATURE: Ernest A. Dettbarn — (Degree or title) M.D. — ADDRESS: 1 E. Church St. — DATE SIGNED: Nov. 30/52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 12-3-1952 — NAME OF CEMETERY ~~OR CREMATORY~~: Pine Grove — LOCATION (City, town, or county) (State): Mt. Airy, Md.

DATE REC'D BY LOCAL REGISTRAR: 30 NOV 1952 — REGISTRAR'S SIGNATURE: Elizabeth S. Hahn

24. FUNERAL DIRECTOR — ADDRESS: C. M. Waltz, Winfield, Md.

VS. A15

DEC

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge
STREET ADDRESS (If rural, give location) Rt 2

3. NAME OF DECEASED (Type or Print): (First) Linda (Middle) Diane (Last) Harbaugh

4. DATE OF DEATH: (Month) Nov. (Day) 11 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Nov. 9 1952

9. AGE last birthday: yrs. If under 1 year: Months. Days 3. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Richard W. Harbaugh

14. MOTHER'S MAIDEN NAME: Virginia Georgia Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hosp. F.F.C.D.D.S.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congenital malformation of the heart and great vessels — Interval between onset and death: Congenital

754.4 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 8, 1952, to Nov. 11, 1952, that I last saw the deceased alive on Nov. 10, 1952, and that death occurred at 9:35 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Bernard O. Flemer Jr. M.D. | Frederick, Md | Nov. 11, 1952

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State)

Burial | Nov 12-1952 | Rocky Hill | Nr. Woodsboro | Md

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

12 Nov. 1952 | Elizabeth S. Hale | H C Barton | WALKERSVILLE

VS. A15

2-7X2 2444-5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place) 12 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 109 South Bentz St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural, give location) 109 South Bentz

3. NAME OF DECEASED (Type or Print) (First) Alma (Middle) Louise (Last) Hardy
4. DATE OF DEATH (Month) 11 (Day) 14 (Year) 1952

5. SEX Female
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May 27 1915
9. AGE last birthday 37 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Marshall Morgan
14. MOTHER'S MAIDEN NAME Mary Sireanes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Wm. C. Hardy Frederick Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
1 cc x Immediate cause	(a) Metastatic Carcinoma	6 mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma descending colon	6 mo
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION May/52
19b. MAJOR FINDINGS OF OPERATION Carcinoma descending colon
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to Nov 13 1952, that I last saw the deceased alive on 11/12 1952, and that death occurred at 11:45 A.m., from the causes and on the date stated above.

SIGNATURE C. L. Brice (Degree or title) M.H. ADDRESS Jefferson Md DATE SIGNED 11/14/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11-17-52
NAME OF CEMETERY OR CREMATORY Loretts ville
LOCATION (City, town, or county) Loretts ville (State) Virginia

DATE REC'D BY LOCAL REG. 17 November 1952
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR C. H. Feile & Bro Brunswick ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick; LENGTH OF STAY (in this place) Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burkittsville; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) WILLARD; (Middle) ATLEE; (Last) HORINE

4. DATE OF DEATH: (Month) 11; (Day) 26; (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 22, 1889

9. AGE last birthday: 63 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Town Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Burkittsville

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Baxter Tobias Horine

14. MOTHER'S MAIDEN NAME: Lola W. Ahalt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No; (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: ?

17. INFORMANT AND ADDRESS: Mrs. W. Atlee Horine, Burkittsville, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X Immediate cause (a) Generalized Melanotic Carcinoma — Interval between onset and death: 2 mo

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Carcinoma Lung. — 1 yr

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/16, 1952, to 11/26, 1952, that I last saw the deceased alive on 11/26, 1952, and that death occurred at 8:20 P. m., from the causes and on the date stated above.

SIGNATURE E. F. Price (Degree or title) M.D. ADDRESS Jefferson, Maryland DATE SIGNED 11/27/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Nov. 29, 1952

NAME OF CEMETERY OR CREMATORY: Union Cemetery

LOCATION (City, town, or county) (State): Burkittsville, Maryland

DATE REC'D BY LOCAL REG.: 28 November 1952

REGISTRAR'S SIGNATURE: Elizabeth S. Fach

24. FUNERAL DIRECTOR: M.R. Etchison & Son, Frederick, Maryland ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Middletown
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Middletown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Calvin (Middle) M. (Last) Huffer

4. DATE OF DEATH: (Month) 11 (Day) 19 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 12/7/1879

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Automobile salesman

10b. KIND OF BUSINESS OR INDUSTRY: garage

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Daniel Huffer

14. MOTHER'S MAIDEN NAME: Emma Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Robert Huffer Middletown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

177X Immediate cause (a) Carcinoma Lumbar Vertebra — INTERVAL BETWEEN ONSET AND DEATH: May 52

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Carcinoma Prostate — Jan 52?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1952, to Nov 19 1952 that I last saw the deceased alive on Nov 17, 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE J. E. Harp Md (DEGREE OR TITLE) ADDRESS Middletown DATE SIGNED 11-21-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 11/22/1952

NAME OF CEMETERY OR CREMATORY Lutheran Cemetery

LOCATION (City, town, or county) Middletown (State) Md.

DATE REC'D BY LOCAL REG. Nov 19 1952

REGISTRAR'S SIGNATURE Marie Gladhill

24. FUNERAL DIRECTOR Gladhill Co., ADDRESS Middletown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

DEC 1 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 132

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Middletown
LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 1, Middletown, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Middletown, Md.
STREET ADDRESS (If rural, give location) Route 1, Middletown, Md.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Gary Lane Johnson
4. DATE OF DEATH (Month) (Day) (Year) Nov. 4, 1952
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 11-24-52
9. AGE last birthday 1 yr. Yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Middletown, Md.
12. CITIZEN OF WHAT COUNTRY? Md.
13. FATHER'S NAME Roscoe Eugene Johnson
14. MOTHER'S MAIDEN NAME Mary D. Morris
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Roscoe E. Johnson Middletown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Incineration by fire

916.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) (COUNTY) (STATE) Rural Middletown, Frederick, Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour) 11-4-52 6:00 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Home burned with child therein

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection X, Inquiry __ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes __ accident X, suicide __, homicide __, undetermined __.*

SIGNATURE Robert J. Furie (Degree or title) ADDRESS DATE SIGNED
Robert J. Furie, M. D., 8 West Third Street, Frederick, Md. 11-17-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11-30-52
NAME OF CEMETERY ~~OR CREMATORY~~ A.M.E. Methodist
LOCATION (City, town, or county) (State) Burkittsville, Md.
DATE REC'D BY LOCAL REG. Nov 30, 1952
REGISTRAR'S SIGNATURE Marie Gladhill
24. FUNERAL DIRECTOR Gladhill Co. ADDRESS Middletown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

To: Bureau of Vital Statistics
Health Dept.
State of Maryland

Identity of the deceased on whom this certificate was issued by me is based on the facts of the investigation that this child was in the building and was consumed by the intense fire. This presumption would appear to be to based on sound evidence.

Robert J. Furie

Robert J. Furie, M. D.
Medical Examiner for
Frederick County

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 132

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

1. PLACE OF DEATH: COUNTY Fred rick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Middletown, Md. — LENGTH OF STAY (In this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route #1, Middletown, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Fred rick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Middletown, Md.
STREET ADDRESS (If rural, give location) Route #1, Middletown, Md.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Richard (Last) Johnson

4. DATE OF DEATH: (Month) Nov. (Day) 4, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3-28-49

9. AGE last birthday: 3 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Frederick Md

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Roscoe Eugene Johnson

14. MOTHER'S MAIDEN NAME: Mary D. Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: 0

17. INFORMANT AND ADDRESS: Roscoe E. Johnson Middletown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suffocation and incingration by fire

916.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home — (CITY OR TOWN) Rural Middletown, (COUNTY) Frederick, (STATE) Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour): 11-4-52 - 6:00 a.m. — INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Home burned with child therein

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Robert V. Furie (Degree or title) ADDRESS Robert V. Furie, M. D., 7 West Third St., Frederick, Md. DATE SIGNED 11-17-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11-30-52 — NAME OF CEMETERY OR CREMATORY: R.M.E. Methodist — LOCATION (City, town, or county) (State): Burkittsville, Md.

DATE REC'D BY LOCAL REG.: Nov 30-52 — REGISTRAR'S SIGNATURE: Maurice Gladhill

24. FUNERAL DIRECTOR — ADDRESS: Gladhill Co. Middletown, Md.

To: Bureau of Vital Statistics
Health Dept.
State of Maryland

Identity of the deceased on whom this certificate was issued by me is based on skeletal remains only, and therefore this identification is presumptive. However, this investigation conducted by me convinces me that such a presumption is on a sound basis.

Robert J. Furie

Robert J. Furie, M. D.
Medical Examiner for
Frederick County

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 100 Lincoln Apts.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 100 Lincoln Apts.

3. NAME OF DECEASED (Type or Print) (First) LILLIAN (Middle) SOPHIA (Last) JOHNSON

4. DATE OF DEATH (Month) November (Day) 27 (Year) 1952

5. SEX Female

6. COLOR OR RACE Colored

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~, (Specify) Widowed

8. DATE OF BIRTH Dec. 9, 1904

9. AGE last birthday 47 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William H. Jones

14. MOTHER'S MAIDEN NAME Katie Lavenia Duffins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 218-24-9601

17. INFORMANT AND ADDRESS Miss Loretta Johnson, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of cervix — INTERVAL BETWEEN ONSET AND DEATH months

171X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1952, to Nov. 27, 1952, that I last saw the deceased alive on Nov. 20, 1952, and that death occurred at 8:05 P.m., from the causes and on the date stated above.

SIGNATURE James B. Thomas, M.D. (Degree or title) ADDRESS Fredericks, Md. DATE SIGNED 11/28/52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial

DATE THEREOF Nov. 30, 1952

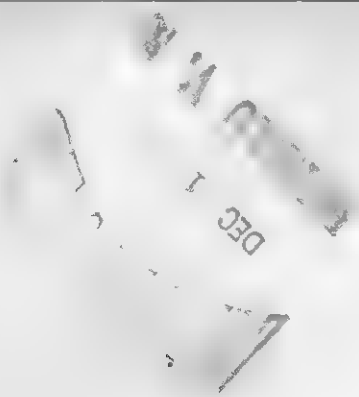
NAME OF CEMETERY OR CREMATORY Sunnyside Cemetery

LOCATION (City, town, or county) (State) Frederick County, Md.

DATE REC'D BY LOCAL REG. 28 November 1952

REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR ADDRESS C. E. Cline & Son, Frederick, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 132

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Middletown, Md.
LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 1, Middletown, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Middletown, Md.
STREET ADDRESS (If rural, give location) Route 1, Middletown, Md.

3. NAME OF DECEASED (Type or Print) (First) Roscoe (Middle) Eugene (Last) Johnson
4. DATE OF DEATH (Month) Nov. (Day) 4, (Year) 1952
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 3-31-48
9. AGE last birthday 4 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Middletown, Md.
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME Roscoe Eugene Johnson
14. MOTHER'S MAIDEN NAME Mary D. Morris
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Roscoe E. Johnson Middletown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suffocation and incineration by fire

916.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
(CITY OR TOWN) Rural Middletown, (COUNTY) Frederick, (STATE) Md.
TIME OF INJURY (Month) Nov. (Day) 4, (Year) 1952 (Hour) 6 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Home burned down with child therein

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.*

SIGNATURE Robert J. Furie (Degree or title) ADDRESS DATE SIGNED
Robert J. Furie, M. D., 8 West Third St., Frederick, Md. 11-17-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11-30-52
NAME OF CEMETERY ~~OR CREMATORY~~ A.M.E. Methodist
LOCATION (City, town, or county) (State) Burhittsville, Md.
DATE REC'D BY LOCAL REG. Nov 30 1952
REGISTRAR'S SIGNATURE Marie Gladhill
24. FUNERAL DIRECTOR ADDRESS Gladhill Co. Middletown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

To: Bureau of Vital Statistics
Health Dept
State of Maryland

Identity of the deceased on whom this certificate was issued by me is based on skeletal remains only and therefore this identification is presumptive. However, the investigation conducted by me convinces me that such a presumption is on a sound basis.

Robert J. Furie

Robert J. Furie, M. D.
Medical Examiner for
Frederick County

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. 15

1. PLACE OF DEATH: COUNTY Frederick MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick Rural; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick; STREET ADDRESS (If rural, give location) 520 N. Bentz St.

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) (Last) Johnson

4. DATE OF DEATH: (Month) Nov. (Day) 18 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: Unknown

9. AGE last birthday: 76 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Fert. Co.

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: 217-10-9984

17. INFORMANT AND ADDRESS: Thomas Johnson Jr., 607 Penna Ave. Apt.#12, Baltimore 1, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia Lobar — Interval between onset and death: >

156.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 10, 1952 to Nov. 18, 1952 that I last saw the deceased alive on Nov. 18, 1952 and that death occurred at 7:55 A m., from the causes and on the date stated above.

SIGNATURE E. P. Thomas (Degree or title) M.D. ADDRESS Frederick, Maryland DATE SIGNED 11/19/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: Nov. 20, 1952 NAME OF CEMETERY OR CREMATORY: Fairview Cemetery LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 20 November 1952 REGISTRAR'S SIGNATURE: Elizabeth S. Fech.

24. FUNERAL DIRECTOR: M.R. Etchison and Son ADDRESS: Frederick, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 144

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Thurmont
LENGTH OF STAY (In this place): 19 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Thurmont
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Louise (Middle) G. (Last) Kelbaugh
4. DATE OF DEATH: (Month) Nov. (Day) 10. (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 10. 1917
9. AGE last birthday: 35 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Garden City N.Y.
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: Clement E. Gardner
14. MOTHER'S MAIDEN NAME: Margaret McPherson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.: No
17. INFORMANT AND ADDRESS: Clement E. Gardner Jr. Thurmont. MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinomatosis — 4 mos.

175X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of right ovary — 1 yr.

(260X) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 5 yrs.

19a. DATE OF OPERATION: July 30, 1952
19b. MAJOR FINDINGS OF OPERATION: Carcinoma involving pelvic organs
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 1, 1952, to Nov. 10, 1952 that I last saw the deceased alive on Nov. 9, 1952, and that death occurred at 3:15 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): M. Franklin Buck MD — ADDRESS: Thurmont Md. — DATE SIGNED: Nov. 10, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov. 12 1952 — NAME OF CEMETERY OR CREMATORY: Mt Olivet Cem. — LOCATION (City, town, or county) (State): Frederick. Fredk Co. MD.

DATE REC'D BY LOCAL REG.: Nov. 11 1952 — REGISTRAR'S SIGNATURE: Blanche S. Eyler

24. FUNERAL DIRECTOR — ADDRESS: M. L. Creager & Son. Thurmont. MD

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12553

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 20 dys
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Mem. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) ~~Frederick Mem. Hosp.~~

3. NAME OF DECEASED: (Type or Print) (First) Marlene (Middle) Sue (Last) Kelbaugh

4. DATE OF DEATH: (Month) Nov (Day) 14 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED,~~ (Specify):

8. DATE OF BIRTH: 25 Oct 52

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 20 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Leon Kelbaugh

14. MOTHER'S MAIDEN NAME: Ruth V. Leigh

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X

Immediate cause (a) Prematurity — Interval Between Onset And Death 20 dys

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 Oct, 1952, to 14 Nov, 1952, that I last saw the deceased alive on 14 Nov, 1952, and that death occurred at 8:40 AM, from the causes and on the date stated above.

SIGNATURE R L Guest, MD (Degree or title) ADDRESS 7 E. Church Frederick Md DATE SIGNED 14 Nov 52

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) Burial

DATE THEREOF 11-16-52

NAME OF CEMETERY OR ~~CREMATORY~~ Brethern

LOCATION (City, town, or county) (State) Brownsville Md.

DATE REC'D BY LOCAL REGISTRAR 16 November 1952

REGISTRAR'S SIGNATURE Elizabeth G. Herb

24. FUNERAL DIRECTOR C. H. Fite & Bro ADDRESS Brunswick Md

205 x 332 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

BUREAU V. S.
NOV 19 1952

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) Years ?
HOSPITAL OR INSTITUTION OR STREET ADDRESS 302 North College Parkway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 302 North College Parkway

3. NAME OF DECEASED (Type or Print) (First) MARION (Middle) ELMER (Last) KEMP

4. DATE OF DEATH (Month) November (Day) 13, (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Married
8. DATE OF BIRTH April 4, 1884
9. AGE last birthday 68 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Florist
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William E. Kemp
14. MOTHER'S MAIDEN NAME Malinda A.C. Lambert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No
16. SOCIAL SECURITY No. 220-01-5645
17. INFORMANT AND ADDRESS 302 N. College Parkway Mrs. Adeline P. Kemp, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	11 hrs
331X Antecedent cause(s)	(b) Generalized arteriosclerosis	10 yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cranary Pelvis 3 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/12, 1952, to 11/13, 1952, that I last saw the deceased alive on 11/12, 1952, and that death occurred at 8:30 A.m., from the causes and on the date stated above.

SIGNATURE R. L. Brice (Degree or title) M.D. ADDRESS Jefferson, Maryland DATE SIGNED 11/14/52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial
DATE Nov. 15, 1952
NAME OF CEMETERY OR CREMATORY Reformed Cemetery
LOCATION (City, town, or county) (State) Church Hill, Maryland

DATE REC'D BY LOCAL REG. 15 November 1952
REGISTRAR'S SIGNATURE Elizabeth G. Hecks
24. FUNERAL DIRECTOR M.R. Etchison & Son, ADDRESS Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick | LENGTH OF STAY (In this place): 46 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 704 Motter Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
STREET ADDRESS (If rural, give location): 704 Motter Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	JANE	KLINE	11	15	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	26 Feb 1887	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House-wife		Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Amos A. Esworthy	Melinda O'Hara

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		None	Charles G. Kline, ~~704 Motter Ave.,~~ Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Tumor of brain left side	4 years
	(c) & paralysis of st arm & leg	10 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept 10, 1952 to Nov 15 1952 that I last saw the deceased alive on Nov 15, 1952, and that death occurred at 7:50 P m., from the causes and on the date stated above.

SIGNATURE: B. C. Simmons — (Degree or title) M. D. — ADDRESS: Frederick, Maryland — DATE SIGNED: 17 Nov 1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	18 Nov 1952	Mount Olivet Cemetery	Frederick, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
17 November 1952	Elizabeth S. Heck.	M. R. Etchison & Son, Frederick, Maryland

(5)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick
RURAL LENGTH OF STAY (in this place) 10-11-52 11-2-52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 810 N. Hilton St

3. NAME OF DECEASED: (Type or Print) (First) Ella (Middle) V. (Last) Kreissig
4. DATE OF DEATH: (Month) Nov (Day) 2 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: March 26, 1878
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) H.W.
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Hanover, Pa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ---Slagle
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 217 03 3546
17. INFORMANT & ADDRESS: Frederick Kreissig, 138 W. Church St Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4221

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death: 2 mo

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Generalized arteriosclerotic — 3 yrs.
DUE TO (c) Cardiovascular Disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/11, 1952, to Nov 2, 1952, that I last saw the deceased alive on 11/1, 1952, and that death occurred at 9 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) C. Talbett Brice MD. ADDRESS Jefferson Md DATE SIGNED 11/2/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 5/52
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) (State) Hanover, Md.
DATE REC'D BY LOCAL REGISTRAR 11/5/52
REGISTRAR'S SIGNATURE A. W. Adrich
24. FUNERAL DIRECTOR Harry H. Nitz ADDRESS 4101 Edmondson Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 145

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS/A 15 8-51

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Myersville
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Myersville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) FLORA (Middle) EFFIE (Last) LEATHERMAN

4. DATE OF DEATH: (Month) Nov (Day) 3 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: July 22, 1874

9. AGE last birthday: 78 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Frederick Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Wantzman

14. MOTHER'S MAIDEN NAME: Margaret Eigenbrode

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: V.W. Leatherman, Myersville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

421.4

Immediate cause (a) Chronic Valvular heart disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1942, to Nov 3, 1952, that I last saw the deceased alive on Nov 1, 1952, and that death occurred at 330 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) J. E. Harp MD ADDRESS Middletown DATE SIGNED Nov 4 52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 5, 1952	Grossnickle's	W. Myersville, Fred Co. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 5, 1952	Roy M. Bittle acting	Paul F. Bittle	Myersville, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 132

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Frederick — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Middletown

LENGTH OF STAY (in this place): life

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Frederick

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Middletown

STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) Norma (Middle) R. (Last) Lighter

4. DATE OF DEATH: (Month) 11 (Day) 3 (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS: Hours	Min.
female	white	single	10/26/1876	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
housekeeper	own home	Maryland	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Daniel Lighter	Mary Margaret Vananda

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	Edna Lighter, Middletown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420,1

Immediate cause (a) Coronary Occlusion — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO

(c) Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH: Indefinite

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19..... to Nov 3 19 52, that I last saw the deceased alive on Nov 1 19 52 and that death occurred at 9:40 P m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
J E Harp	MD	Middletown	11-4-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	11/6/1952	Reformed Cemetery	Middletown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Nov 6 1952	Marie Gladhill	Gladhill Co., Middletown, Md.

NOV 1
U. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Fred.
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Walkersville, Md.
STREET ADDRESS (If rural, give location) Main St.

3. NAME OF ~~DECEASED~~ (Type or Print) (First) EFFIE (Middle) VIOLET (Last) LOCHNER

4. DATE OF ~~DEATH~~ (Month) Nov. (Day) 25 (Year) 1952

5. SEX F

6. COLOR OR RACE W

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Married

8. DATE OF BIRTH Nov. 27, 1883

9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Brightwell

14. MOTHER'S MAIDEN NAME Emma Stuxta

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Mr. Edw. Lochner, Walkersville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary thrombosis & myocardial infarction	2 [illegible]
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Spinal artery thrombosis & paraplegia	2 weeks
	(c) Arteriosclerotic cardiovascular disease	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophic arthritis lumbar spine ?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 Nov, 1952, to 25 Nov, 1952, that I last saw the deceased alive on 24 Nov, 1952, and that death occurred at 9:30 A.m., from the causes and on the date stated above.

SIGNATURE James C. Stover Jr. (Degree or title) MD ADDRESS Walkersville, Md DATE SIGNED 26 Nov 52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial
DATE THEREOF 11/27/52
NAME OF CEMETERY ~~OR CREMATORY~~ Fairmount
LOCATION (City, town, or county) Libertytown (State) Md.

DATE REC'D BY LOCAL REG. 26 November 1952
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR G. C. Barton, Walkersville ADDRESS Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-1

1. PLACE OF DEATH
COUNTY: Frederick — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 138 West 4th Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
STREET ADDRESS (If rural, give location): 138 West 4th Street

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) A. (Last) McCurdy

4. DATE OF DEATH: (Month) Nov. (Day) 2 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, Divorced~~ (Specify): Married

8. DATE OF BIRTH: 2/28/1872

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: Contracting

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph McCurdy

14. MOTHER'S MAIDEN NAME: Julia Woodborn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Chas. A. McCurdy-Frederick-Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Valvular Lesion — Interval Between Onset and Death: Several days

4214 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute indigestion

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1907, 19~~52~~ to Nov 2 -, 19 52, that I last saw the deceased alive on Nov 1, 19 52, and that death occurred at 11 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Dr. M.G. Brown Sr — ADDRESS: Frederick, Md. — DATE SIGNED:

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial | DATE THEREOF: 11-5-1952 | NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery | LOCATION (City, town, or county) (State): Frederick, Md.

DATE REC'D BY LOCAL REG.: November 1952 | REGISTRAR'S SIGNATURE: Elizabeth G. Hacker

24. FUNERAL DIRECTOR: C.E.Cline and Son- Frederick-Md. — ADDRESS:

[illegible] 1-30-49 - Film G150 1 21-53 L

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
LENGTH OF STAY (In this place) 54 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 517 East Potomac St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
STREET ADDRESS (If rural, give location) 517 East Potomac

3. NAME OF DECEASED (Type or Print) (First) Ray (Middle) Arlington (Last) Michael

4. DATE OF DEATH (Month) (Day) (Year) 11 - 25 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 1-6-1898
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Locomotive Engineer
10b. KIND OF BUSINESS OR INDUSTRY R.R. Transportation
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles Benjamin Michael
14. MOTHER'S MAIDEN NAME Blanch Virginia Nichols

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. 705-120-205
17. INFORMANT AND ADDRESS Mrs Louise Tatrel Michael Brunswick Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH 1 month

590 x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Nephritis — 1 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/17, 1952, to 11/25, 1952 that I last saw the deceased alive on 11/24, 1952 and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [illegible] M.D. ADDRESS [illegible] DATE SIGNED 11/27/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11-28-52
NAME OF CEMETERY OR CREMATORY Pink Heights
LOCATION (City, town, or county) (State) Brunswick Maryland

DATE REC'D BY LOCAL REG. 11-27-52
REGISTRAR'S SIGNATURE Kathryn H. Brown
24. FUNERAL DIRECTOR C. H. Fuller & Bro Brunswick Md. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

VS. A (7)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Frederick
MARYLAND LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown - Rural
STREET ADDRESS (If rural give location) Knoxville Md. R. 1

3. NAME OF DECEASED: (Type or Print) (First) Alvin (Middle) L (Last) Miller

4. DATE OF DEATH: (Month) Nov. (Day) 5 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: January 27 1900

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Hagerstown Washington Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Miller

14. MOTHER'S MAIDEN NAME: Louise Hottmaster

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No.

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-09-9314

17. INFORMANT & ADDRESS: Earl Miller, Knoxville Md. R. 1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gastro intestinal hemorrhage and probable perforation of a peptic ulcer. — Interval Between Onset And Death 1 week

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) —

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) Frederick (COUNTY) Frederick (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-4 ..., 1952, to 11-5, 1952 that I last saw the deceased alive on 11-5, 1952 and that death occurred at 1:25 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ray R. Martin M.D. ADDRESS 35 E Church St Frederick Md DATE SIGNED 11-5-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Nov. 8. 1952

NAME OF CEMETERY OR CREMATORY Church of the Brethren Cemetery

LOCATION (City, town, or county) Brownsville Washington Co. Md (State)

DATE REC'D BY LOCAL REGISTRAR 8 November 1952

REGISTRAR'S SIGNATURE Elizabeth G. Heck.

24. FUNERAL DIRECTOR ADDRESS W. J. Bast & Sons Boonsboro Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Rural Middletown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) M (Middle) Luther (Last) Miller

4. DATE OF DEATH: (Month) Nov (Day) 16 (Year) 1952

5. SEX: male
6. COLOR OR RACE: white
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): married
8. DATE OF BIRTH: 1/14/1901
9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): farmowner
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Albert Miller
14. MOTHER'S MAIDEN NAME: Ada Wiles

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mrs. Catherine Miller, Middletown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Massive Gastro intestinal hemorrhage	32 hrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Acute Aplastic Anemia	2 days
	DUE TO (c) Macrocytic Anemia	2 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1950, to Nov 16, 1952, that I last saw the deceased alive on Nov 16, 1952, and that death occurred at 7:45 pm from the causes and on the date stated above.

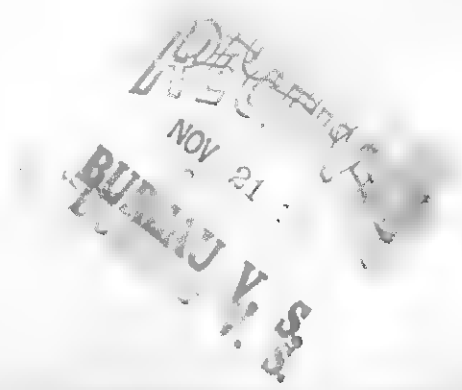
SIGNATURE (Degree or title) A R Schoolman M.D. ADDRESS 228 N Market St DATE SIGNED 11/16/52

23. ~~BURIAL, CREMATION, REMOVAL~~ (Specify) burial
DATE THEREOF 11/19/1952
NAME OF CEMETERY OR CREMATORY Reformed Cemetery
LOCATION (City, town, or county) Middletown (State) Md.
DATE REC'D BY LOCAL REGISTRAR 11/18/1952
REGISTRAR'S SIGNATURE Elizabeth G. Heck.
24. FUNERAL DIRECTOR Wadhill Co., Middletown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


NOV 21
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place) 66 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural, give location) 247 Washington Street

3. NAME OF DECEASED (Type or Print): (First) CORNELIUS (Middle) SMITH (Last) MOBERLY

4. DATE OF DEATH: (Month) November (Day) 12, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: July 4, 1886

9. AGE last birthday: 66 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Assembler

10b. KIND OF BUSINESS OR INDUSTRY: Brush Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Clinton Moberly

14. MOTHER'S MAIDEN NAME: Mollie Winters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO (If year, give war or dates of service) NO

16. SOCIAL SECURITY NO.: 214-10-2155

17. INFORMANT AND ADDRESS: Mrs. May G. Moberly, 247 Washington Street, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval Between Onset and Death: Days

592X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic glomerulonephritis — years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

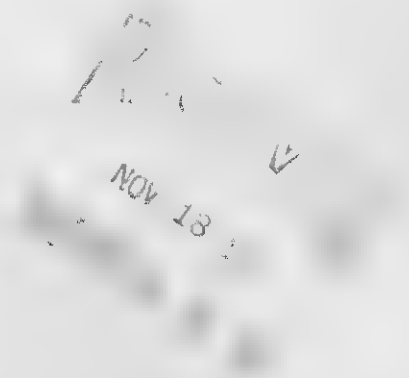
22. I hereby certify that I attended the deceased from April, 1952, to 11/12, 1952, that I last saw the deceased alive on 11/12, 1952, and that death occurred at 5:30 P.m., from the causes and on the date stated above.

SIGNATURE: James B. Thomas, (Degree or title) M.D. ADDRESS: Frederick, Maryland DATE SIGNED: 11/14/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Nov. 15, 1952
NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery
LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 14 November 1952
REGISTRAR'S SIGNATURE: Elizabeth G. Heck

24. FUNERAL DIRECTOR AND ADDRESS: M.R. Etchison & Son, Frederick, Maryland


NOV 18

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 145

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Rural Myersville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Myersville
STREET ADDRESS (If rural, give location) Wolfsville

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) M. (Last) MORGAN

4. DATE OF DEATH: (Month) Nov (Day) 18 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Oct 24, 1866

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Wolfsville Fred Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Josiah T. Smith

14. MOTHER'S MAIDEN NAME: Ellen S. Fox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY No.: (If Yes, give war or dates of service) None

17. INFORMANT & ADDRESS: J. Page Leatherman Braddock Hts. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) General Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 4 - 4 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO

(b)

(c) Cerebral Arteriosclerosis — 1½ yrs

334X

11. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

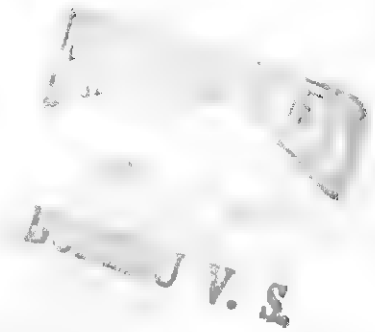
22. I hereby certify that I attended the deceased from Jan, 19 52, to Nov 18, 19 52, that I last saw the deceased alive on Nov 10, 19 52, and that death occurred at 12:30 P.m., from the causes and on the date stated above.

SIGNATURE J. E. Harp MD (DEGREE OR TITLE) ADDRESS Middletown — DATE SIGNED 11-19-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Nov 21, 1952 — NAME OF CEMETERY OR CREMATORY St Mark's Lutheran — LOCATION (City, town, or county) (State) Wolfsville - Fred Co. Md.

DATE REC'D BY LOCAL REG. Nov. 21, 1952 — REGISTRAR'S SIGNATURE Floy M. Bittle Acting

24. FUNERAL DIRECTOR Paul F. Bittle — ADDRESS Myersville Md



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physi[redacted]: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1256

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick — LENGTH OF STAY (in this place) 50 Yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital	STREET ADDRESS (If rural, give location) 42 East Patrick Street

3. NAME OF DECEASED (Type or Print)	(First) MARY	(Middle) HENRIETTA	(Last) NEWMAN	4. DATE OF DEATH	(Month) 11	(Day) 10	(Year) 1952
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED,~~ (Specify) Single	8. DATE OF BIRTH 14 March 1888	9. AGE last birthday 64 yrs.	If under 1 year Months.	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assistant Librarian	10b. KIND OF BUSINESS OR INDUSTRY Public Library	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Jacob M. Newman	14. MOTHER'S MAIDEN NAME Catherine Shaw						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)	16. SOCIAL SECURITY No. ?	17. INFORMANT AND ADDRESS ~~42 E. Patrick St.,~~ Miss H. Elizabeth Newman, Frederick, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Aplastic Anaemia — 3 years

2124 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Myocardial insufficiency - Arteriosclerosis

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No XX ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) No	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 11, 1949, to Nov 10, 1952, that I last saw the deceased alive on Nov 10, 1952, and that death occurred at 12:30 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. A. Cearne	M. D.	Frederick, Maryland	11 Nov 1952

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify) Burial	DATE 12 Nov 1952	NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	LOCATION (City, town, or county) (State) Frederick, Maryland
DATE REC'D BY LOCAL REG. 12 November 1952	REGISTRAR'S SIGNATURE Elizabeth G. Hack	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland	ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 13.1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
COUNTY Frederick
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick
MARYLAND LENGTH OF STAY (in this place) 7 hrs 40 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY Mc Neg
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickerson.
STREET ADDRESS (If rural give location) Red Oak. Farm.

3. NAME OF DECEASED: (Type or Print) (First) Theodore (Middle) H (Last) NIERMANN
4. DATE OF DEATH: (Month) Nov. (Day) 23 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): MARRIED
8. DATE OF BIRTH: 12-14-91
9. AGE Last birthday: 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Civil Eng
10b. KIND OF BUSINESS OR INDUSTRY: Civil Eng
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Theodore Niermann
14. MOTHER'S MAIDEN NAME: Josephine Hoffrogge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO
(If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 402-18-3456
17. INFORMANT & ADDRESS: Edith Niermann.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 2d, 1
Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death: 10 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Auricular Fibrilation with congestive heart failure — 12 hours

DUE TO

(c) Arteriosclerotic Cardio-vascular Disease — 6 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1952, to 23 Nov., 1952, that I last saw the deceased alive on 23 Nov., 1952, and that death occurred at 4:45 A.M., from the causes and on the date stated above.

SIGNATURE Gordon M. Smith (Degree or title) M.D. ADDRESS Barnesville, Md DATE SIGNED 23 Nov 52

23. BURIAL, CREMATION, REMOVAL (Specify) Removal DATE THEREOF 11-25-52 NAME OF CEMETERY OR CREMATORY Walnut Hill Cem. LOCATION (City, town or county) Cinn. Ohio (State)

DATE REC'D BY LOCAL REGISTRAR 25 November 1952 REGISTRAR'S SIGNATURE Elizabeth S. Hecks
24. FUNERAL DIRECTOR W. B. Hilton ADDRESS Barnesville, Md

RECEIVED
NOV 26 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AL

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 171

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Residence

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
STREET ADDRESS (If rural, give location) 5 East C Street

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) EDWARD (Last) POTTER
4. DATE OF DEATH (Month) November (Day) 9, (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH April 12, 1875
9. AGE last birthday 77 yrs. If under 1 year Months 6 Days 28 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trackman
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (State or foreign country) Martinsburg, West Va.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Sanford Potter
14. MOTHER'S MAIDEN NAME Mattie Holmes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY No. 705-07-7726
17. INFORMANT AND ADDRESS Mrs. Lillie Potter 5 East C Street, Brunswick, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) coronary Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis Heart disease

(c)

INTERVAL BETWEEN ONSET AND DEATH: 6 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

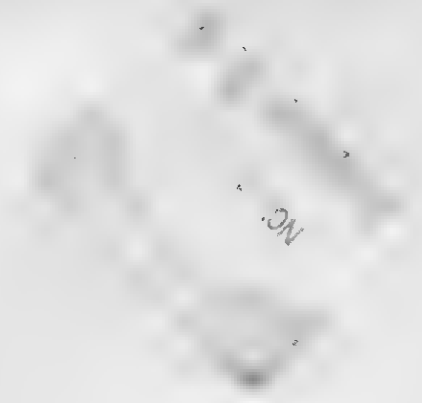
19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1951, to nov 9, 1952, that I last saw the deceased alive on nov. 9, 1952, and that death occurred at 8:45P. m., from the causes and on the date stated above.

SIGNATURE William W. Orrison (Degree or title) M.D. ADDRESS Brunswick Md DATE SIGNED 11/10/52

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 11/9/52
NAME OF CEMETERY OR CREMATORY Brownsville, Cemetery
LOCATION (City, town, or county) (State) Brownsville, Maryland
DATE REC'D BY LOCAL REG. 1-11-52
REGISTRAR'S SIGNATURE Eugenia W. [illegible]
24. FUNERAL DIRECTOR J. Donald Eackles ADDRESS Bolivar, West Va.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 145

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Myersville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Myersville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Edna	H.	Pryor	11	19	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	single	6/23/1891	61 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
housekeeper	own home	Maryland	U. S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Ira E. Pryor	Orpha Hauver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:
no	none	Mrs. Anna Dechant, Myersville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
4/10X Immediate cause	(a) Acute pulmonary Edema	15 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Cardiac Hypertrophy	20 yrs
	(c) DUE TO Rheumatic Heart Disease	30 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 19 1951, to Nov. 19 1952 that I last saw the deceased alive on Nov. 19, 1952, and that death occurred at 1:30 A. m., from the causes and on the date stated above.

SIGNATURE G. C. Koller (DEGREE OR TITLE) M.D. ADDRESS Smithsburg, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/22/1952	Reformed Cemetery	Middletown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 22-1952	Floy M. Buttle, Acting	Gladhill Co.	Middletown, Md.

NOV
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH — COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (In this place) 50 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 561 East Church Street

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 561 East Church Street

3. NAME OF DECEASED (Type or Print) (First) FRANCIS (Middle) MARION (Last) RIDDLEMOSER, SR.
4. DATE OF DEATH (Month) 11 (Day) 28 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify) Married
8. DATE OF BIRTH 9 Feb 1881
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Grocer
10b. KIND OF BUSINESS OR INDUSTRY Owner Grocery Business
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Marion F. Riddlemoser
14. MOTHER'S MAIDEN NAME Margaret Ann Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS ~~561 E. Church St.~~ Mrs. Mary R. Riddlemoser, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio-sclerotic Cardio-vascular disease — INTERVAL BETWEEN ONSET AND DEATH 2 years

4:2.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes — 15 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1948, to Nov. 28, 1952, that I last saw the deceased alive on Nov. 28, 1952, and that death occurred at 1:05 P m., from the causes and on the date stated above.

SIGNATURE Bernard C. Flemage (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 29 Nov 1952

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial
DATE THEREOF 1 Dec 1952
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland
DATE REC'D BY LOCAL REG. 1 December 1952
REGISTRAR'S SIGNATURE Elizabeth S. Heck
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: North Bentz Street

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
STREET ADDRESS (If rural, give location): Rosemont Avenue

3. NAME OF DECEASED (Type or Print) (First) FRANK (Middle) J. (Last) SCHROEDER
4. DATE OF DEATH (Month) Nov. (Day) 4 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify): Married
8. DATE OF BIRTH: Feb. 19, 1889
9. AGE last birthday: 63 ~~***~~ yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lubricating Ser. Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Gulf Oil Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank J. Schroeder
14. MOTHER'S MAIDEN NAME: Lillie Scholl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 179-03-3470
17. INFORMANT AND ADDRESS: Mrs. Frank J. Schroeder, Rosemont Avenue, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute pulmonary edema, massive

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute left ventricular failure

(c) Severe Coronary Artery Sclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): none — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): none m. — INJURY OCCURRED While at work [ ] Not while at work [ ] — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy [X], Inspection [ ], Inquiry [ ] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

SIGNATURE (Degree or title): Robert J. Turie, M.D. — ADDRESS: 8 W 3rd St., Frederick, Md. — DATE SIGNED: 11-4-52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): Burial — DATE THEREOF: Nov. 7, 1952 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery — LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 7 Nov. 1952 — REGISTRAR'S SIGNATURE: Elizabeth G. Heck.
24. FUNERAL DIRECTOR — ADDRESS: M.R. Etchison & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Monrovia — LENGTH OF STAY (in this place): 64 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Monrovia
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Matilda (Last) Shawbaker
4. DATE OF DEATH: (Month) November (Day) 21 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Nov. 22, 1874
9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Jacob Michael Shawbaker
14. MOTHER'S MAIDEN NAME: Annie Mary Roelke
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Sister - Jessie Shawbaker, Monrovia, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia — 3 days

420.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — 3 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1952, to Nov., 1952, that I last saw the deceased alive on Nov. 20, 1952, and that death occurred at 10 30 A.m., from the causes and on the date stated above.

SIGNATURE: W. P. Cutwell — (Degree or title) M.D. — ADDRESS: Mt. Airy, Md. — DATE SIGNED: Nov. 21, 1952

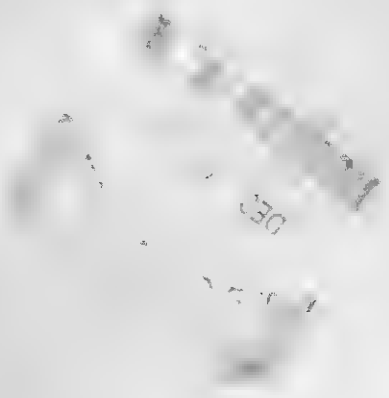
23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 11-24.52 — NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery — LOCATION (City, town, or county) (State): Frederick Fredic. Md.

DATE REC'D BY LOCAL REG.: Nov 24-52 — REGISTRAR'S SIGNATURE: Lucian K. Falconer — 24. FUNERAL DIRECTOR: W. E. Falconer — ADDRESS: New Market Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (In this place) 2 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York — COUNTY Orleans
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Medina
STREET ADDRESS (If rural, give location) 116 Park Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) MINNIE (Middle) L. (Last) SHORT
4. DATE OF DEATH: (Month) Nov. (Day) 1, (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	WHITE	WIDOWED	Unknown	74 ? yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At Home		Canada	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Charles E. Phillips, ~~213 North Ave.,~~ Medina, N. Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Traumatic shock due to multiple	2 hrs.
822.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) fractures of legs, thighs & ribs	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Highway	Rte #15	Frederick Co.	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
11-1-52, 2 45 p. m.		~~cuts~~ tire blew out, upsetting vehicle in which passenger

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert J. Jurie	M.D.	8 W 3d St., Frederick Md.	11-1-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	2 Nov 1952		Medina, New York

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2 Nov 1952	Elizabeth S. Hech	M. R. Etchison & Son,	Frederick, Maryland

VS. A16A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#5
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 28 West Sixth Street

3. NAME OF DECEASED (Type or Print) (First) JOSEPH (Middle) EDWARD (Last) SMITH
4. DATE OF DEATH (Month) 11 (Day) 2 (Year) 1952
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify) Married
8. DATE OF BIRTH 4 March 1849
9. AGE last birthday 103 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Day Laborer
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Albert Smith
14. MOTHER'S MAIDEN NAME Lucy Jane Miller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS 28 W. 6th St., Mrs. Josephine Smith, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac valvular lesion

421.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH Many years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio Sclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1900, to 11/2, 1952, that I last saw the deceased alive on 11-2, 1952, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE U. G. Bourne Sr. (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 3 Nov 1952

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial
DATE THEREOF 5 Nov 1952
NAME OF CEMETERY OR CREMATORY Fairview Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REG. 4 November 1952
REGISTRAR'S SIGNATURE Elizabeth G. Heck.
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montevue - Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Brunswick
STREET ADDRESS (If rural, give location) Walnut St.

3. NAME OF DECEASED (Type or Print): (First) Mervin (Middle) — (Last) Smith
4. DATE OF DEATH (Month) 12 (Day) 7 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~. (Specify) Widow
8. DATE OF BIRTH 2-18-1879
9. AGE last birthday 73 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) West Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Jacob W Kesecker
14. MOTHER'S MAIDEN NAME Mary Emeline Bath

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mrs Smith Linthicum Height Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia Hypocondite — Interval Between Onset and Death: 2 yrs.

4/22/52 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

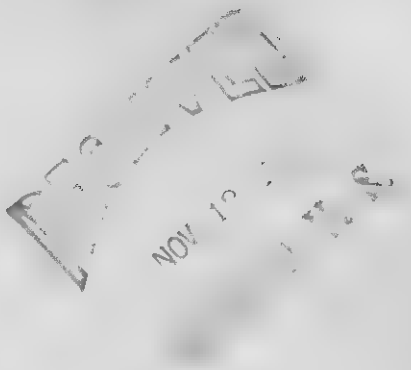
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to Nov 7, 1952, that I last saw the deceased alive on Nov. 5, 1952, and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE W. F. Klein (Degree or title) M.D. ADDRESS Frederick Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-11-52
NAME OF CEMETERY OR CREMATORY Reformed
LOCATION (City, town, or county) (State) Knoxville Md.

DATE REC'D BY LOCAL REG. 10 November 1952
REGISTRAR'S SIGNATURE Elizabeth G. Hess.
24. FUNERAL DIRECTOR C. H. Feete & Bro ADDRESS Brunswick Md.



ITEMS: 7,8,11,13,14 & 16. Film G-148,11/21/52. WHW.

Day of birth: Film G149 12/[illegible]/52 dmr.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 141

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rail Road Yard.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) E (Last) SPEARMAN
4. DATE OF DEATH (Month) 11 (Day) 13 (Year) 1952
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 5-11-13
9. AGE last birthday 42 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) B. & O. R.R. Brakeman
10b. KIND OF BUSINESS OR INDUSTRY Transportation
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Andrew P. Spearman
14. MOTHER'S MAIDEN NAME Rose F. Nauch
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 214-07-2616
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Traumatic shock secondary to — INTERVAL BETWEEN ONSET AND DEATH 5 mins.

800X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushing injury of abdomen and (c) Vertebrae fractures

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Railroad Yds. (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) 11 (Day) 13 (Year) 52 (Hour) 6 41 p.m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Fell between wheels, freight car

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert J. Furie, M.D., 8 W 3d St., Frederick, Md 11-1-52

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 11-14-52
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Cumberland Maryland.

DATE REC'D BY LOCAL REG. 11-1-52
REGISTRAR'S SIGNATURE Kathryn H. Brown
24. FUNERAL DIRECTOR C. H. Feeb & Bro Brunswick Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 18 1952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12579

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Frederick
LENGTH OF STAY (in this place) 10-26-52 11-8-52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural give location) 125 East Fourth Street

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) Gertrude (Last) STEADMAN

4. DATE OF DEATH: (Month) November (Day) 8, (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: March 10, 1877

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Anthony Leining

14. MOTHER'S MAIDEN NAME: Anna Schulte

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: 125 East Fourth Street Mrs. Harry G. Curry, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.?

Immediate cause (a) Congestive Heart Failure

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Bronchopneumonia

DUE TO (c)

Interval Between Onset And Death: 2 weeks

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Frederick (COUNTY) Frederick (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 1952 to Nov 8, 1952 that I last saw the deceased alive on Nov 7, 1952 and that death occurred at 3:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Bert R Martin M.D.

ADDRESS Frederick, Maryland

DATE SIGNED 11/8/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 11/10/52

NAME OF CEMETERY OR CREMATORY St. Peters Cemetery

LOCATION (City, town, or county) (State) Harpers Ferry, West Virginia

DATE REC'D BY LOCAL REGISTRAR 10 November 1952

REGISTRAR'S SIGNATURE Elizabeth G. Heck.

24. FUNERAL DIRECTOR M.R. Etchison & Son

ADDRESS Frederick, Maryland

VS-A14

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
LENGTH OF STAY (in this place): 4 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
STREET ADDRESS (If rural, give location): 7 East Fifteenth Street

3. NAME OF DECEASED (Type or Print): (First) GRACE (Middle) ELEANOR (Last) STITELY
4. DATE OF DEATH: (Month) 11 (Day) 29 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify): Widow
8. DATE OF BIRTH: 16 May 1884
9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Grinder
14. MOTHER'S MAIDEN NAME: Eleanor Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Lewis Clark, Jr. ~~7 E. 15th St.,~~ Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

44 X Immediate cause (a) Cerebral hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive arteriosclerotic cardio-vascular disease

(c)

INTERVAL BETWEEN ONSET AND DEATH: 31 days several years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Fractured left hip
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home
(CITY OR TOWN): Frederick (COUNTY): Frederick (STATE): Md.
TIME OF INJURY (Month) Oct. (Day) 29 (Year) 1952 (Hour) 7 p m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR? Patient had stroke & fell to floor

22. I hereby certify that I attended the deceased from Oct. 29, 1952, to Nov. 29 1952, that I last saw the deceased alive on Nov. 29, 1952, and that death occurred at 1:45 P m., from the causes and on the date stated above.

SIGNATURE: Ernest A. Dettbarn — (Degree or title): M. D. — ADDRESS: Frederick, Maryland — DATE SIGNED: 1 Dec 1952

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial
DATE THEREOF: 2 Dec 1952
NAME OF CEMETERY OR CREMATORY: Mount Hope Cemetery
LOCATION (City, town, or county) (State): Woodsboro, Maryland

DATE REC'D BY LOCAL REG.: December 1952
REGISTRAR'S SIGNATURE: Elizabeth S. Heck
24. FUNERAL DIRECTOR: M. R. Etchison & Son — ADDRESS: Frederick, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 145

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rural Myersville
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Myersville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) P. (Last) Stottlemyer

4. DATE OF DEATH: (Month) 11 (Day) 15 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: 7/12/1865

9. AGE last birthday: 87 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Daniel Blickenstaff

14. MOTHER'S MAIDEN NAME: Mary Hoover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. Mazie Stottlemyer,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1

Immediate cause (a) DUE TO: Pulmonary Infarction — Interval between onset and death: 12 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO: Myocarditis + Endocarditis — 40 yrs

(c) General Arteriosclerosis — 20 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15, 1952 to Nov. 15, 1952 that I last saw the deceased alive on Nov. 15, 1952 and that death occurred at 1/4 m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

G. G. Kohler, M.D. Smithsburg 11/15/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 11/18/1952 — NAME OF CEMETERY OR CREMATORY U. B. Cemetery — LOCATION (City, town, or county) Hagerstown (State) Md

DATE REC'D BY LOCAL REG. 11/18/1952 — REGISTRAR'S SIGNATURE Floy M. Bittle Acting — **24. FUNERAL DIRECTOR** — ADDRESS Gladhill & Co., Middletown, Md.

RECEIVED U.S.
NOV

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 138

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Market
LENGTH OF STAY (In this place) 1½ years
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Route 40 -

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Market
STREET ADDRESS (If rural, give location) U.S. Route 40 west.

3. NAME OF DECEASED (Type or Print): (First) Clark (Middle) Eugene (Last) Stull
4. DATE OF DEATH: (Month) Nov. (Day) 23 (Year) 1952
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 27, 1895
9. AGE last birthday: 57 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Charles Spencer Stull
14. MOTHER'S MAIDEN NAME: Eleanora Crum
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) W.W. I
16. SOCIAL SECURITY NO.: 217-30-5572
17. INFORMANT AND ADDRESS: Mrs. Clark E. Stull, New Market

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Massive Hemorrhage due to ulceration of larynx — Interval Between Onset and Death: Terminal

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Larynx — approx. 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1952, to Nov., 1952, that I last saw the deceased alive on Nov. 10, 1952, and that death occurred at 9 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W.B. Culwell	M.D.	Mt. Airy, Md.	Nov. 23, 1952

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Nov. 26 52	Marvin Chapel Cemetery	Near Plane Nr 4	Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 24, 1952	Lucian L. Falconer	W. E. Falconer	New Market Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

131

Reg. Dist. No. 81

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge — LENGTH OF STAY in this place: 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) EFFIE (Middle) LOUISE (Last) STULTZ

4. DATE OF DEATH: (Month) (Day) (Year) 11-17-1952

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) — 8. DATE OF BIRTH — 9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: At home — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Isaac Barnhart — 14. MOTHER'S MAIDEN NAME: Caroline Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no — 16. SOCIAL SECURITY NO.: none — 17. INFORMANT AND ADDRESS: Mrs Otis Everett, Union Bridge

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 5, 1952, to Nov 17, 1952, that I last saw the deceased alive on Nov 17, 1952, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. N Legg M.D — ADDRESS Union Bridge, Md — DATE SIGNED 11-18-52

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE THEREOF 11-20-1952 — NAME OF CEMETERY OR CREMATORY Pleasant View Cemetery — LOCATION (City, town, or county) (State) Union Bridge, Md.

DATE REC'D BY LOCAL REG. Nov 18, 1952 — REGISTRAR'S SIGNATURE Esther B. Repp

24. FUNERAL DIRECTOR — ADDRESS D. W. Stahley & Son, Union Bridge, Md

Elmer A. Fleck Union Bridge & New Windsor, Md

NOV

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Frederick — STATE MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick

LENGTH OF STAY (in this place): 1 mo

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Mem. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Frederick

CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick

STREET ADDRESS (If rural give location): —

3. NAME OF DECEASED: (Type or Print) (First) Jerry (Middle) Alvin (Last) Thompson

Baby Boy

4. DATE OF DEATH: (Month) Nov (Day) 5 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify):

8. DATE OF BIRTH: 5 Oct 52

9. AGE Last birthday: yrs. — IF UNDER 1 YEAR: Months one; Days —; IF UNDER 24 HRS: Hours —; Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Thompson

14. MOTHER'S MAIDEN NAME: Catherine Miller

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No: —

17. INFORMANT & ADDRESS: Hosp. records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Agenesis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death: 1 mo.

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** —

20. AUTOPSY? Yes X No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 7 Oct, 1952, to 5 Nov, 1952, that I last saw the deceased alive on 5 Nov, 1952, and that death occurred at 9:47 P, from the causes and on the date stated above.

SIGNATURE (Degree or title): R L Guest, MD — ADDRESS: 7 E. Church Frederick — DATE SIGNED: 8 Nov 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov. 9, 52 — NAME OF CEMETERY OR CREMATORY: Reformed Cem. — LOCATION (City, town, or county) (State): Middletown, Md. — ADDRESS: —

DATE REC'D BY LOCAL REGISTRAR: 11-9-1952 — REGISTRAR'S SIGNATURE: Elizabeth Y. Herk.

24. FUNERAL DIRECTOR: Gladhill Co. Middletown, Md.

VS. A15

X- 213406

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brunswick — LENGTH OF STAY (in this place): 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 732 Park Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brunswick
STREET ADDRESS (If rural, give location): 732 Park Ave

3. NAME OF DECEASED (Type or Print): (First) Reed (Middle) Temple (Last) Thompson Jr.

4. DATE OF DEATH: (Month) 11 — (Day) 26 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 8-18-1892
9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Policeman
10b. KIND OF BUSINESS OR INDUSTRY: Town of Brunswick
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Reed T. Thompson Sr
14. MOTHER'S MAIDEN NAME: Susan Kidwiler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs Bulah M. Thompson Brunswick Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

4 x 1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-26-, 1952, to 11-26-, 1952, that I last saw the deceased alive on 11-26-, 1952, and that death occurred at 6:45 A m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) MD — ADDRESS: Brunswick, Md. — DATE SIGNED: 11-27-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 11-28-52 — NAME OF CEMETERY OR CREMATORY: Park Heights — LOCATION (City, town, or county) (State): Brunswick Maryland

DATE REC'D BY LOCAL REG.: 11-27-52 — REGISTRAR'S SIGNATURE: Kathryn H. Brown — 24. FUNERAL DIRECTOR: C.H. Fuls & Bro Brunswick — ADDRESS: Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 144

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Thurmont; LENGTH OF STAY (In this place): Lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Thurmont; STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) F. (Middle) Daisy (Last) Waesche

4. DATE OF DEATH: (Month) Nov. (Day) 7 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Sept 13 1870

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: L. R. Waesche

14. MOTHER'S MAIDEN NAME: Mary M. Foreman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: no

17. INFORMANT AND ADDRESS: Miss Mary Waesche Thurmont, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial failure	1 wk.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic myocarditis	?
	(c) Arteriosclerosis	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN):

(COUNTY):

(STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1951, to Nov. 7, 1952, that I last saw the deceased alive on Nov. 5, 1952, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

SIGNATURE: M. Franklin Dietz MD (Degree or title) ADDRESS: Thurmont Md. DATE SIGNED: Nov. 8, 1952

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE THEREOF: Nov 10 1952

NAME OF CEMETERY OR CREMATORY: Blue Ridge Cemetery

LOCATION (City, town, or county) (State): Thurmont, Md.

DATE REC'D BY LOCAL REG.: Nov. 10 1952

REGISTRAR'S SIGNATURE: Blanche S. Eyler

24. FUNERAL DIRECTOR: M. L. Creager & Son ADDRESS: Thurmont, Md.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12587

CERTIFICATE OF DEATH

Reg. Dist. No. 147

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Frederick; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - near New London; LENGTH OF STAY (in this place) 65 Years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 1 - Mt. Airy.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - near New London; STREET ADDRESS (If rural, give location) Rt 1 - Mt Airy.

3. NAME OF DECEASED (Type or Print): (First) Georgia (Middle) (Last) Williams

4. DATE OF DEATH: (Month) Nov. (Day) 16 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 12, 1870

9. AGE last birthday: 82 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife.

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Isaac Thomas

14. MOTHER'S MAIDEN NAME: Henrietta Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No. —

17. INFORMANT AND ADDRESS: Mary J. Pryor, Rt1, Mt. Airy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Cardiovascular Disease

420.0 Antecedent cause(s) Arteriosclerotic Heart Disease

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

INTERVAL BETWEEN ONSET AND DEATH: 4 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1951, to Nov., 1952, that I last saw the deceased alive on Nov. 5, 1952 and that death occurred at 3:20 A. m., from the causes and on the date stated above.

SIGNATURE: W.B. Caldwell (Degree or title): M.D. ADDRESS: Mt. Airy, Md. DATE SIGNED: Nov 16, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: 11-19-52 NAME OF CEMETERY OR CREMATORY: Rose Chapel Cemetery LOCATION (City, town, or county) (State): [redacted] Md. New London

DATE REC'D BY LOCAL REG.: 19 November 1952 REGISTRAR'S SIGNATURE: Clarice A. Linkins

U. FUNERAL DIRECTOR ADDRESS: Charles B. Hicks 00 24 W. All Saints St Frederick Md.

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NOV 21 1922
BUREAU V. S.

12588

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
LENGTH OF STAY (in this place): Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 702 Trail Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
STREET ADDRESS (If rural, give location): 702 Trial Avenue

3. NAME OF DECEASED (Type or Print) (First): FLOYD (Middle): EDWARD (Last): ZIMMERMAN

4. DATE OF DEATH (Month): November (Day): 18, (Year): 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify): Widower
8. DATE OF BIRTH: Jan.16,1890
9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Huckster
10b. KIND OF BUSINESS OR INDUSTRY: Own
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Edward Zimmerman
14. MOTHER'S MAIDEN NAME: Hattie Stockman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW 1
16. SOCIAL SECURITY No.: 214-10-1617
17. INFORMANT AND ADDRESS: Mrs. John F. Miller, 700 Trial Avenue, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage into stomach	4 days.
177X Antecedent cause(s)	(b) Carcinoma originating in prostate	2 yrs.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1950, to Nov 18, 1952, that I last saw the deceased alive on Nov 18, 1952, and that death occurred at 6:10P m., from the causes and on the date stated above.

SIGNATURE: H. Kline — (Degree or title): M.D. — ADDRESS: Frederick, Maryland — DATE SIGNED: 11/19/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Nov. 21, 1952
NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery
LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 20 November 1952
REGISTRAR'S SIGNATURE: Elizabeth G. Heck
24. FUNERAL DIRECTOR: M.R. Etchison & Son, ADDRESS: Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 41

RECEIVED
NOV 2
BUREAU W. S.